

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
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| PROMOTION OFFICE | |

Operator
Meridian Oil Inc.

Address

21 Desta Drive Midland, Texas 79705

Reason(s) for filing (Check proper box)

New Well ☐

Recompletion ☐

Change in ~~Operator~~ ☒ Operator

Change in Transporter of:

Oil ☐

Casinghead Gas ☐

Dry Gas ☐

Condensate ☐

Other (Please explain)

Meridian Oil Inc. is Operator for
El Paso Production Company

If change of ownership give name
and address of previous owner El Paso Natural Gas Co., 1800 Wilco Building, Midland, Tx 79701

DESCRIPTION OF WELL AND LEASE

| | | | | |
|--------------------------------------|---------------------------|--|---|---------------------------------|
| Lease Name <u>Carlson Federal</u> | Well No. <u>2</u> | Pool Name, Including Formation <u>Langlie Mattix (7R) Qu GB</u> | Kind of Lease State, Federal or Fee <u>Federal</u> | Lease No. <u>LC-032579-C</u> |
| Location | | | | |
| Unit Letter <u>N</u> | <u>660</u> | Feet From The <u>South</u> | Line and <u>1980</u> | Feet From The <u>West</u> |
| Line of Section <u>23</u> | To Township <u>25S</u> | Range <u>37E</u> | NMPM, <u>Lea</u> County | |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|--|--|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| <u>El Paso Natural Gas Co.</u> | <u>P. O. Box 1492, El Paso, Texas 79978</u> |
| If well produces oil or liquids, give location of tanks. | Is gas actually connected? <u>Yes</u> When <u>Unknown</u> |
| Unit <u>N</u> Sec. <u>23</u> Twp. <u>25S</u> Rge. <u>37E</u> | |

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Cathy Jones
(Signature)

Engineering Tech III
(Title)

11/5/86
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 12 1986

BY ORIGINAL SIGNED BY JERRY SEEDON
DISTRICT I SUPERVISOR

TITLE

This form is to be filed in compliance with RULE 100.

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 100.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of record.

Separate Form C-104 must be filed for each well in recompleted wells.

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C-10
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

| | |
|---|--|
| Operator El Paso Natural Gas Company | |
| Address 1800 Wilco Building - Midland, Texas 79701 | |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| New Well <input type="checkbox"/> | Designate 14% of Production as Langlie Mattix per NMOCC Order No. R6527. |
| Recompletion <input type="checkbox"/> | |
| Change in Ownership <input type="checkbox"/> | |
| Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | |

If change of ownership give name and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|----------------|---------------|---|---|
| Lease Name Carlson Federal - LC 032579 (c) | Lease No. 2 | Well No. 2 | Pool Name, including Formation Langlie-Mattix-Seven Rivers | Kind of Lease State, Federal or Fee Federal |
| Location Unit Letter N ; 660 Feet From The South Line and 1980 Feet From The West Line of Section 23 Township 25 E Range 37 E , NMPM, Lea County | | | | |

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | |
|--|--|-----------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | |
| None | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | |
| El Paso Natural Gas Company | 1800 Wilco Building - Midland, Texas 79701 | |
| If well produces oil or liquids, give location of tanks. | Unit 2 | When 2-29-56 |

If this production is commingled with that from any other lease or pool, give commingling order number: _____

III. COMPLETION DATA

| | | | | | | | | |
|---|--|--|-----------------------------------|-----------------------------------|---------------------------------|------------------------------------|--------------------------------------|--|
| Designate Type of Completion - (X) | Oil Well <input type="checkbox"/> | Gas Well <input checked="" type="checkbox"/> | New Well <input type="checkbox"/> | Workover <input type="checkbox"/> | Deepen <input type="checkbox"/> | Plug Back <input type="checkbox"/> | Same Res'v. <input type="checkbox"/> | Diff. Res'v. <input checked="" type="checkbox"/> |
| Date Spudded 9-27-55 | Date Compl. Ready to Prod. 10-23-55 | | Total Depth 3314 | | P.B.T.D. None | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3057-GR | Name of Producing Formation | | Top of Gas Pay 2,350 | | Tubing Depth 2,639 | | | |
| Perforations 2,350 to 2,618 | | | | | Depth Casing Shoe N/A | | | |

| TUBING, CASING, AND CEMENTING RECORD | | | |
|--------------------------------------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 11" | 8-5/8" | 922.0 | 500 |
| 7-7/8" | 5-1/2" | 3,304.0 | 1,590 |
| 7-7/8" | 2" | 2,663.0 | |

IV. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

| | | | |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas-MCF |

GAS WELL

| | | | |
|--|---------------------------|------------------------------|------------------------------|
| Actual Prod. Test-MCF/D 7/2,3/80 - 41 MCF/D | Length of Test 24 hrs. | Bbls. Condensate/MMCF -0- | Gravity of Condensate -0- |
| Testing Method (pitot, back pr.) Flowing | Tubing Pressure 27.2 | Casing Pressure N/A | Choke Size W.O. |

I. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

John P. Beck
(Signature)
Supervisor Drilling & Production Services
(Title)
December 5, 1980
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY Jessie H. Clements
TITLE OIL & GAS INSPECTOR

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.